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3/19/11 MN

PRINTED: 02/04/2011  
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS3363ALZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/04/2011
NAME OF PROVIDER OR SUPPLIER  SPRING VALLEY ALZ CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 6428 CRYSTAL DEW LAS VEGAS, NV 89118		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of an complaint investigation conducted on your facility 9/15/10 through 2/4/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 10. Two resident files were reviewed.  The facility received a grade of C.  Complaint #NV00026362: - The allegation regarding the facility not returning the clothing belonging to Resident #3 after discharge was not substantiated through interviews with facility staff and the wife of the resident. The facility took precautions to locate the resident's clothing and return it to the resident's wife. - The allegation regarding quality of care for Resident # 2 was not substantiated through observation of the resident, the resident's bed rails; interview with facility staff, resident's hospice Certified Nursing Aid (CNA) and hospice nurse case manager; and record review of a hospice incident report and hospice aide visit record. The resident had a history of bruising herself by banging against her side bed rails. Hospice placed pads on the resident's bed rails to		Y 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
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TITLE  
Administrator

(X6) DATE  
2/17/11  
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Y 000	Continued From page 1  prevent further bruising. - The allegation regarding the facility failing to post their grade placard was substantiated. See Tag Y0050. - The allegation regarding roaches in the facility was substantiated. See Tag Y0176. - The allegation regarding the facility failing to have the alarms on the doors engaged was substantiated. See Tag Y0991. - The allegation regarding resident restraints was substantiated. See Tag Y0621 - The allegation regarding small portion sizes was not substantiated through observation of food served to residents and interview of residents. The facility is serving adequate sized meal portions. - The allegation regarding the facility failing to obtain an exemption for a prohibited medical condition was substantiated. See Tag Y0680, Tag Y0740, Tag Y0620, Tag Y0830.	Y 000		<div style="text-align: center;">  </div>	
Y 050 SS=G	449.194(1) Administrator's Responsibilities-Oversight  NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050			

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Y 050	Continued From page 2  This Regulation is not met as evidenced by: NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037) 1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702, the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005).  Based on observation on 9/20/10, the administrator failed to ensure the grading placard was displayed conspicuously in a public area. This was a repeat deficiency from the 5/13/10 survey.  This is a repeat from the 5/13/10 State Licensure survey.  Severity: 3 Scope: 1		Y 050 <i>OK</i> <i>mm</i>	A) The grading placard had been displayed in a frame by the entrance of the facility. B) The Administrator is responsible compliance with the regulations and that instructed caregivers to make sure that the framed placard is displayed on the wall. C) 2/4/11	
Y 176	449.209(4)(c) Health and Sanitation-Insects, SS=F Rodents  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from:		Y 176 <i>OK</i> <i>mm</i>	A) As summertime is when all the outside bugs comes in. There is a pest control who service the facility on a regular	

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Y 176	Continued From page 3  (c) Insects and rodents.  This Regulation is not met as evidenced by: Based on observation, interview and record review on 9/20/10, the facility failed to ensure the facility was free of insects and rodents (dead roaches and roach body parts were observed behind the microwave).  Severity: 2      Scope: 3		Y 176	The caregivers are regular cleaning & spraying for the insect. There was a couple of bugs that were killed as evidently found under the microwave. Pls see att. A
Y 620 SS=D	449.2702(4)(a) Admission Policy  NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast.  This Regulation is not met as evidenced by: NAC 449.2702 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile.  Based on record review, observation and interview on 1/12/11, the facility admitted a		Y 620 <i>OK</i>	b) The Administrator is responsible that cleanliness in the facility is maintained by and free of bugs by emphasizing to caregivers to regularly clean + maintain service of pest control. c) 2/4/11 TAG 620 a) The facility will not admit or retain a bedfast resident without obtaining an exemption from the BHCRC. b) The Administrator is responsible that request for exemption is submitted when admitting a long-term resident who

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Y 620	Continued From page 4 resident who was bedfast (Resident #1).  Cross reference Tag Y0830  Severity: 2 Scope: 1	Y 620		
Y 621 SS=D	449.2702(4)(b) Admission Policy  NAC 449.2702 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (b) Requires restraint.   This Regulation is not met as evidenced by: NAC 449.2702 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body.  Based on observation, interview and record review on 1/11/11, the facility failed to ensure 1 of 10 residents was not restrained with the use of a Geri chair (Resident #2).	Y 621 <i>OK</i> <i>mm</i>	<p>a) Resident # 2 has been provided a geri-chair, and was returned back to DME on 1/15/11</p> <p>b) The Administrator is responsible to ensure compliance with the regulations by removing all geri-chairs from the facility as they are viewed as a form of restraint</p> <p>c) 1/15/11</p>	

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Y 621	Continued From page 5  Severity: 2 Scope: 1	Y 621		
Y 680 SS=G	449.271(1) Gastrostomy Care  NAC 449.271 Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he: 1. Requires gastrostomy care.  This Regulation is not met as evidenced by: Based on observation, interview and record review on 1/12/11, the facility admitted and retained a resident who required gastrostomy tube care (Resident #1).  Findings include:  Resident #1 was admitted to the facility on 1/9/11 from Spring Valley Hospital Rehabilitation Center with a diagnosis of end stage debility. According to medical records, the resident was bedfast, had a Foley catheter and gastrostomy tube (G-tube). The resident was placed on hospice on 12/4/10, prior to admission to this facility. According to the hospice nurse clinical notes, staff were required to turn the resident every two hours; and diet and medications were to be administered through the resident's G-tube.  Interviews with the facility administrator revealed a nurse from a hospice agency was administering medications to Resident #1 through the G-tube on a daily basis. Interviews with the caregivers revealed they administered the nutritional	Y 680 <i>OK</i> <i>mm</i>	<p>a) Resident #1 had been discharged to an appropriate facility.</p> <p>b) The Administrator is responsible to ensure that the facility is compliant @ the regulations by not to admit a resident with gastrostomy tube unless resident is competent and capable of caring for his/her own G-tube without assistance from any other person; and will retain a resident @ G-tube by submitting a request for an exemption waiver to the bureau.</p> <p>c) 1/15/11</p>	

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from the nurse or Administ.  
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Y 680	Continued From page 6  supplement, Boost, and morphine sulfate through the G-tube on a daily basis. The caregivers stated they had not received training on how to manage a resident's G-tube. The caregivers reported they were turning the resident in bed every two hours. The resident's nurse case manager stated the resident was not competent and was incapable of caring for her G-tube without assistance. The administrator reported she did not know she was not supposed to admit a resident requiring gastrostomy care.  Severity: 3 Scope: 1	Y 680	b) The Administrator is responsible to ensure compliance with BLC and re-educate caregivers to do the capacity of workers in a group Home setting only. The caregiver was given counseling and disciplinary action. The facility will not admit anymore res. #11/11 to Peg tube.	
Y 740 SS=D	449.272(1)(a)-(c) Indwelling Catheter  NAC 449.272 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver. (b) Irrigation of the catheter is performed in accordance with the physician's orders by a medical professional who has been trained to provide that care. (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter.	Y 740 <i>ok mr</i>	a) Resident #1 is discharged to an appropriate facility. b) The Administrator is responsible to ensure that the facility is compliant by not to admit a resident with indwelling catheter unless res. is capable & competent to take care of it without assistance from other person; and will only retain a resident with indwelling catheter by submitting a request for exemption waiver from the Bureau.  9/15/11	

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Y 740	Continued From page 7  This Regulation is not met as evidenced by: Based on interview and record review on 1/12/11; the facility admitted and retained a resident who was not physically or mentally capable of caring for all aspects of an indwelling catheter (Resident #1).  Severity: 2 Scope: 1	Y 740		
Y 830 SS=D	WAIVERS  1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive.          This Regulation is not met as evidenced by: Based on record review and interview on 1/12/11, the facility failed to obtain an exemption to admit and retain a resident who was bedfast (Resident #1).  Cross reference Tag Y0620.  Severity: 2 Scope: 1	Y 830  Oh mm	a) Resident #1 had been transferred out to an <del>more</del> appropriate facility. b) The administrator is responsible to ensure that request for exemption to retain a resident who is bedridden be made at all times. c) 1/15/11	

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Y 991	Continued From page 8		Y 991		
Y 991 SS=F	<p>449.2756(1)(b) Alzheimer's Fac door alarm</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 9/20/10, the facility failed to ensure that 2 of 2 of exit doors had installed alarms that operated when the exit door was opened (sliding glass back door, front door).</p> <p>This is a repeat deficiency from the 6/25/10 survey.</p> <p>Severity: 2    Scope: 3</p>		Y 991	<p>a) The facility front door had an equipment (huge wind chime) that makes an audible sound when the door is opened. The surveyor may not consider it an alarm? The back sliding door was opened when surveyor <del>seen</del> was there, coz the caregiver was in the back yard with the resident &amp; went out through that door.</p> <p>b) The Administrator had <del>use</del> used all the necessary <del>re</del> equipments to maintain star sounding alarms on all exit doors and reminding staffs @ all times by making them sign on the "alarm" memos" before posting round signs on the doors.</p> <p>c) 1/11/11</p>	

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